Fill	in this information to identi	fy your ca	ico.				i					
			n Dennis									
	btor 2											
Uni	ited States Bankruptcy Cou	urt for the:	EASTERN DISTRICT	OF PEN	NSYLVANIA							
Cas	rise number 17-13463 (nown)					Che	eck if this is:					
(If kı							An amended filing					
									nt showing pas of the follo	oostpetition chapter owing date:		
0	fficial Form 106	<u> </u>						MM / DD/ Y	YYY			
S	chedule I: You	r Inco	ome							12/15		
	rt 1: Describe Empl	oyment	on the top of any additi		·	me and	case					
	information.			Debto				Debtor 2 or non-filing spouse				
	If you have more than on attach a separate page v		Employment status	■ Employed				☐ Employed ☐ Not employed				
	information about addition employers.	nal	_	☐ Not employed				□ Not er	прюуеч			
	Include part-time, seasonal, or		Occupation	Mana	ger							
	self-employed work.	F										
	Occupation may include or homemaker, if it applies		Employer's address		1 CVS Drive Woonsocket, RI 02895							
			How long employed to	here?	3 months							
Pai	rt 2: Give Details Ab	oout Mon	thly Income									
	imate monthly income as use unless you are separat		ate you file this form. If	you have	nothing to report f	or any	line, wr	ite \$0 in the	space. Inclu	de your non-filing		
•	ou or your non-filing spouse e space, attach a separate			ombine th	e information for a	ll empl	oyers fo	or that perso	n on the line	s below. If you need		
							For D	ebtor 1	For Debto			
2.	List monthly gross wag					2. \$		6,227.89	\$	N/A		

3.

216.67

\$

6,444.56

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Timothy John Dennis	_	С	ase number (if kr	nown)	17-13	463		
					For Debtor 1			Debtor 2		
	Cop	by line 4 here	4.	=	\$ 6,444	.56	\$		N/A	
5.	l ist	all payroll deductions:								
0.	5a.	Tax, Medicare, and Social Security deductions	5a	, ,	\$ 1,892	52	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b			0.00	\$—		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		: ——— -	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		:	0.00	\$		N/A	
	5e.	Insurance	5e	. :	. — — — — — — — — — — — — — — — — — — —	3.26	\$		N/A	
	5f.	Domestic support obligations	5f.	. :	\$	0.00	\$		N/A	
	5g.	Union dues	5g		\$ 0	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h	.+ :	\$	0.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	2,295	5.78	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	4,148	3.78	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0		r .		¢.		N/A	
	8b.	monthly net income. Interest and dividends	8a 8b			0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			Φ	0.00	Ψ		N/A	
		settlement, and property settlement.	8c.	. :	\$ 0	0.00	\$		N/A	
	8d.	Unemployment compensation	8d		·	0.00	\$		N/A	
	8e.	Social Security	8e	. :	. —	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	. ;	\$ 0	0.00	\$		N/A	
	8g.	Pension or retirement income	8g	. :	·	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h	.+ :	\$	0.00	+ \$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	C	0.00	\$		N/A	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	4,148.78	+ \$		N/A =	\$	4,148.78
11.	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.									0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certallies						12. S	ombir	4,148.78 led
13.	Do	you expect an increase or decrease within the year after you file this form	?					_		/ income
		No.								
		Yes. Explain:			<u> </u>					

Official Form 106I Schedule I: Your Income page 2